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USAID|Central America Capacity Project

Strengthening the Quality of Care and Improving the Quality of Life  
for People Living with HIV and Other Vulnerable Populations Program

Cooperative Agreement No. AID-596-LA-11-00001

Annual Report Project Year Four  
(October 2013 to September 2014)

Guatemala, October 30, 2014

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## ACRONYMS/ABBREVIATIONS

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AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ASI	Comprehensive Health Association
CCR	Coordinated Community Response
CoC	Continuum of Care
COMISCA	Council of Health Ministers of Central America
COPE	Client Oriented Provider Efficient
CQI	Continuous Quality Improvement
DECAP	Training Department
DINADECO	National Directorate of Community Development
FY	Fiscal Year
HIV	Human Immunodeficiency Virus
HRIS	Human Resources for Health
HRH	Human Resources Information System
HRM	Human Resources Management
IAAS	Infections Associated with Health Care
IST	In-Service Training
LFP	Learning for Performance
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSM	Men Having Sex with Men
M&E	Monitoring and Evaluation
NAC	National AIDS Commission
NAP	National AIDS Program
NGO	Nongovernmental Organization
PAHO	Pan American Health Organization
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People Living with HIV/AIDS
PMP	Performance Management Plan
PST	Pre-service training
RCM	Regional Coordinating Commission
SI	Strategic Information
SSI	Social Security Institute
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development

## EXECUTIVE SUMMARY

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This report documents actions implemented under the USAID | Central America Capacity Project, Cooperative Agreement No. AID-596-LA-11-00001.

During Project Year 4, October 2013 – September 2014, the project carried out activities in accordance with the country work plans for Belize, Costa Rica, El Salvador, Guatemala and Panama within a continuum of Care (CoC) framework that includes: Optimizing Performance and Quality (OPQ); Learning for Performance (LFP); the Coordinated Community Response (CCR); Prevention of Infections Associated with Health Care (IAAS); Human Resource Information System (HRIS); and updating of human resource training institutions' curricula. This report presents advances for the region and by country, the strategies for achieving them as well as different challenges and obstacles of a political and programmatic nature; and due to other Ministry of Health (MOH) priorities encountered during the period.

Project directors, managers and technical assistance visited the five project countries to hold meetings with the key ministerial counterparts and other stakeholders with the goal of consolidating the cooperation and work areas; and to provide guidance and feedback to the country teams on the technical, financial and administrative management of the project. The regional technical unit provided technical assistance (TA) in the development of country workshops and the project methodologies.

The project covers 83 hospitals, 76 health centers, 44 multisector networks and 15 human resources for health (HRH) training schools. TA consisted of: the transfer of capabilities and implementation support for OPQ/Continuous Quality Improvement (CQI); strengthening of follow up of IAAS; in-service (IST) and pre-service (PST) training in topics related to HIV and biosafety; formation and follow up of multisector networks for HIV; and, for Guatemala, strengthening of the HRIS.

All five countries developed actions for institutionalization of the quality methodology: in Belize it was included in the MOH operational plan; in Costa Rica through a signed MOU between the project and the SSI and the creation of a quality management committee at the central level; and in Guatemala and Panama through the inclusion of Quality Management in the strategic plan.

The targets not achieved 100% were due to policy changes, reprogramming and other priorities of the responsible entity including: program priorities (Maternal Health and Nutrition) and epidemic outbreaks such as with Dengue and Chikungunya fevers.

During the past Project year all of the countries increased the number of health facilities, universities and networks receiving TA. Belize, Costa Rica, El Salvador and Panama incorporated new hospitals and health centers into the application of OPQ. Guatemala incorporated new hospitals. The average overall performance measurement increased in three countries and Costa Rica decreased by one percentage point. In El Salvador the results are still under review by the MOH due to adjustments to the methodology.

A total of 1,427 health workers acquired competencies and skills in areas such as: Quality of Care, LFP, biosafety, HIV-related stigma and discrimination, and adherence, among other topics.

New multisector networks for HIV were formed in Costa Rica, El Salvador, Guatemala and Panama. Belize did not reach its target of forming one new network due to lack of authorization of the National AIDS Commission (NAC) that approves community-level work. In Costa Rica the Desamparados network was canceled in collaboration with the MOH due to lack of results during the four years of TA. 991 members of the multisector networks achieved competencies and skills in: stigma and discrimination, HIV, adherence, and prevention with positives among other areas.

In terms of IAAS, Guatemala made substantial progress developing a situational analysis and a training curriculum. There were delays encountering a consultant to provide follow up in the other countries as well as designation of ministerial counterpart for implementing this project component.

The HRIS being implemented by the Guatemalan MOH developed the contracting and training modules. The project trained 100% of the 83 MOH operational units in the use of the data base.

The fifth work plan component is the updating of the HIV curricula in the human resource training institutions. Fifteen higher education institutions are implementing the HIV curriculum with 182 faculty members trained in LFP and HIV.

In the last quarter of this fiscal year (July – September 2014) the project spent a total of \$895,112.

Execution during the fiscal year amounted to \$2,901,092.57 and the cost share contribution reached US\$1,561,010.58 (94 percent of the total LOP committed). At fiscal year end the pipeline available is US\$1,135,193.

## REGIONAL LEVEL RESULTS

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This report presents the activities and results of the technical assistance (TA) provided by the Project during the past project year (October 2013 to September 2014). The results respond to gaps to be closed to achieve the results for the following components of the Continuum of Care (CoC) for HIV: Optimizing Performance and Quality (OPQ); Learning for Performance (LFP); a Coordinated Community Response (CCR); prevention of nosocomial infections; a Human Resource Information System (HRIS); and updating the HIV curricula in the training schools.

During this period there were changes in the governmental structures and national counterpart in the Ministries of Health (MOH) in Costa Rica, El Salvador and Panama which caused certain planned activities to be deferred to the following quarter. Furthermore, the region suffered epidemics of Dengue and Chikungunya Fever, principally in El Salvador, which affected coordination and compliance with programmed activities for this past fiscal year.

The country representatives and regional office management and technical staff held meetings with the country authorities and technical teams of the relevant departments of the MOH and Costa Rican Social Security Institute (SSI) to maintain the alliances and coordination to continue implementation of programmed activities.

The Project further strengthened other alliances such as: The Global Fund Projects, PAHO, UNAIDS, REDCA+, the Regional Coordinating Commission (RCM) and the Council of Health Ministers of Central America (COMISCA), among others, to promote strategies under a common vision.

Following are regional results for the year by component:

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### 1. EXPANTION AND INSTITUTIONALIZATION OF THE "OPTIMIZING PERFORMANCE AND QUALITY" METHODOLOGY IN FIVE COUNTRIES IN THE REGION

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*Improve the performance of health workers who provide care and treatment to people living with HIV, as well as integrate comprehensive HIV treatment and care services with community-based support; ensuring that clinical services, home care, and support groups complement each other and promote opportunities for prevention as part of comprehensive care and service delivery.*

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➤ **IMPROVE THE PERFORMANCE OF THE PERSONNEL  
PROVIDING CARE AND TREATMENT TO PLWHA**

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During the past year the Project provided TA to the MOH and Costa Rican SSI at the central and local levels seeking sustainability and institutionalization of OPQ and, in the case of El Salvador, Continuous Quality Improvement (CQI).

At the local level the project provided TA to 79 hospitals in the region: Belize 9, Costa Rica 12, El Salvador 17, Guatemala 22, and Panama 19. Even though the goal was to support 83 hospitals, in Costa Rica, 3 Hospital Directors did not accept the TA offer and in Panama the MOH requested that the Alingandí facility be categorized and measured as a Health Center since its infrastructure, resources and portfolio of services correspond to that level of service.

During the past year, 79 performance measurements were conducted; one per hospital. El Salvador conducted 7 measurements in the first semester; however, it is important to point out that there were two quality approaches being employed there. In the interest of the institutionalization and sustainability of the processes, the project coordinated the OPQ efforts so as to be complementary with the CQI methodology employed by the MOH. Between August and September, 17 hospitals applied this harmonized methodology to measure indicators with the results currently under review by the central MOH and not available at the time of this report, which is why we only included the seven measurements conducted during the first semester.

72% (50 of 69) of the measurements were the third, fourth or fifth measurement for that facility whereas 28% (19 of 69) are baseline measurements. Table 1.1 presents the percentage of facilities that had a performance measurement in the past year. Baseline measurements were conducted in facilities in: Belize (2), Costa Rica (4), Guatemala (7) and Panama (6). All measurements were conducted by quality teams from the central and hospital levels.

**Table 1.1 Percentage of health facilities that completed their performance measurement,  
October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Target
1.1.1	% of health services that have completed a performance measurement in the reporting period	18% (15 of 83)	39% (26 of 66)		100% (83 of 83)	83% (69 of 83)
	Belize	0%	100% (9 of 9)		100% (9 of 9)	100% (9 of 9)

	Costa Rica	0%	40% (6 of 15)		100% (15 of 15)	80% (12 of 15)
	El Salvador	0%	0		100% (17 of 17)	41% (7 of 17)
	Guatemala	23% (5 of 22)	36% (8 of 22)		100% (22 of 22)	100% (22 of 22)
	Panama	50% (10 of 20)	15% (3 of 20)		100% (20 of 20)	95% (19 of 20)

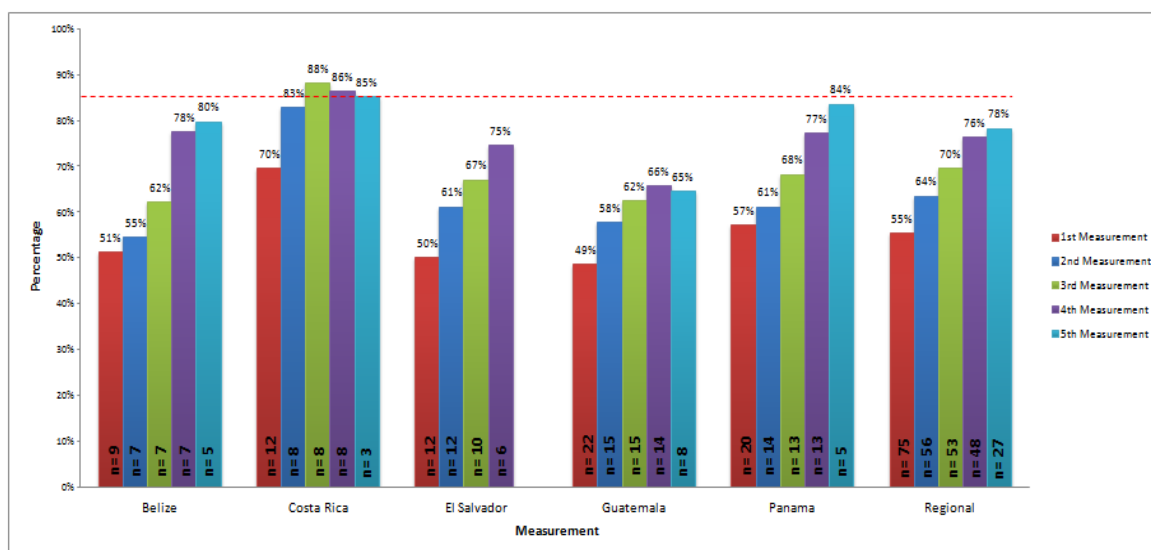
Source: USAID| Central America Capacity Project M&E Unit

In spite of the fact that measurements were conducted in 79 hospitals, this report only documents progress in the 69 (83% of the goal) since, as explained previously, results are not available for 10 hospitals in El Salvador, three in Costa Rica opted not to participate and one facility in Panama was reclassified as a health center for purposes of this exercise.

Graph 1.1 shows the regional and country averages of the performance measurements comparing progress by round of measurement. There was a steady trend in improvement over the previous rounds in the regional average as well as that of Belize, El Salvador and Panama. The improvement in those countries can be attributed to the increased involvement of the administrative staff facilitating the availability of the supplies and resources necessary for the delivery of health services.

In Costa Rica, there were only 3 hospitals with a fifth measurement, so it is difficult to compare with previous rounds. However, the country appears to be peaking at an average overall performance score of about 85%. Likewise, Guatemala had a limited number of hospitals with a fifth measurement with average overall performance scores appearing to be stalled in the mid to upper 60s, 20 percentage points below those of Costa Rica. Recent lack of progress in Guatemala could be due to multiple changes in key posts at the central and local levels of the MOH as well as severe budget limitations for acquiring essential resources and supplies.

**Graph 1.1 Average hospital overall performance measurement results by country and for the region  
October 2013 to September 2014**



Source: USAID| Central America Capacity Project M&E Unit

Following the hospital measurements they develop a performance gap-closing intervention plan with follow up visits by MOH personnel assisted by project staff to monitor compliance with execution of the plans.

Of the 69 measurements conducted during the past year, 19 were baseline measurements and 50 were follow-up measurements. Of the latter, 38% (19 of 50) achieved the targeted improvement of their score over the previous measurement: 29% in Belize (2 of 7); 50% (4 of 8) in Costa Rica; 57% (4 of 7) in El Salvador; 13% (2 of 15) in Guatemala; and 54% (7 of 13) in Panama. (Table 1.2)

**Table 1.2 Percentage of health services that improved their total score with regard to their last performance improvement measurement, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Annual Target
<b>1.1.3</b>	% of health services that improved their global rating in regards to their last performance improvement measurement. If during the last measurement the health service scored between 85% - 100% it remains GREEN and keeps its score over the 85% during the monitoring measurement. - If the health service during the last measurement scores between 60% - 84% remains YELLOW and should increase at least	40% (2 of 5)	33% (7 of 21)		47% (27 of 58)	38% (19 of 50)

	10% during the monitoring measurement or change to the GREEN. - If the health service scored between 0% - 59% during the last measurement remains RED, and takes a minimum of 20% for the monitoring or the measurement to change YELLOW.					
	Belize	NA	29% (2 of 7)		43% (4 of 7)	29% (2 of 7)
	Costa Rica	NA	50% (2 of 4)		50% (5 of 10)	50% (4 of 8)
	El Salvador	NA	NA		42% (5 of 12)	57% (4 of 7)
	Guatemala	40% (2 of 5)	25% (2 of 8)		47% (7 of 15)	13% (2 of 15)
	Panama	NA	50% (1 of 2)		43% (6 of 14)	54% (7 of 13)

Source: USAID| Central America Capacity Project M&E Unit

In all hospitals, successes in improvements have been thanks to the participation of the top-level hospital directors (Administrative and Financial), the formation of quality teams and supportive supervision from the central level (See graph of hospital measurements in the country annexes).

During the past year 28% (14 of 50) of the hospitals achieved the desired performance improvement according to measurement round: 14% in Belize (1 of 7), 50% (4 of 8) in Costa Rica, 43% (3 of 7) in El Salvador, and 46% (6 of 13) in Panama. No hospital in Guatemala achieved the desired results (See Table 1.3)

**Table 1.3 Percentage of health services with expected improvement in accordance to the number of their performance measurement, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Annual Target
1.1.4	% of health services with expected improvement in accordance to the number of their performance measurement. The expected performance of the health services. <i>Expected: health services achieve 55% during second measurement, 70% during third measurement, and 85% on fourth measurement or subsequent measurements.</i>	40% (2 of 5)	19% (4 of 21)		47% (27 of 58)	28% (14 of 50)

	Belize	NA	14% (1 of 7)		43% (4 of 7)	14% (1 of 7)
	Costa Rica	NA	50% (2 of 4)		50% (5 of 10)	50% (4 of 8)
	El Salvador	NA	NA		42% (5 of 12)	43% (3 of 7)
	Guatemala	40% (2 of 5)	0% (0 of 8)		47% (7 of 15)	0% (0 of 15)
	Panama	NA	50% (1 of 2)		43% (6 of 14)	46% (6 of 13)

Source: USAID| Central America Capacity Project M&E Unit

As mentioned previously, where improvements happened it has been due to the involvement of the decision makers supporting the management of resources and supplies for improved service delivery. Another factor is the empowerment of the personnel in the methodology so as to maintain a good performance. Also contributing is the acquisition of competences and skills through trainings, principally in biosafety.

As a PEPFAR indicator, achieved that 46% (23 of 50) hospitals improved at least one point as compared to the previous performance measurement: 71% (5 of 7) in Belize, 13% (1 of 8) in Costa Rica, 71% (5 of 7) in El Salvador, 27% (4 of 15) in Guatemala and 62% (8 of 13) in Panama. In Costa Rica three of the hospitals that had a lower score in the current measurement still maintained their performance within the 85 to 100% range while in Panama the same situation occurred in two hospitals. (See country annexes)

From October 2013 to September 2014, the Project achieved 96% (1200 of 1245) the target of hospital personnel trained: 32% (384 of 1200) were doctors, 32% (384 of 1200) were nurses and 36% (432 of 1200) were support service personal (pharmacy, laundry or administrative). Of all of the hospital personnel trained, 31% (377 of 1200) are male and 69% (823 of 1200) female. (See Table 1.4)

**Table 1.4 Number of hospital health workers who successfully completed in-service training, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
1.1.5	# of hospitals health workers who successfully completed in-service training. Topics include OPQ, HIV, STDs, Adherence	257	485		1245	1200	96% (1200 of 1245)
TOTAL	Male	110	145		554	377	68% (377 of 554)
	Female	147	340		691	823	119% (823 of 691)

(Regional)	<b>Doctors</b>	114	160		572	384	67% (384 of 572)
	<b>Male</b>	70	85		359	208	57% (208 of 359)
	<b>Female</b>	44	75		213	176	82% (176 of 213)
	<b>Nurses</b>	90	162		454	384	84% (384 of 454)
	<b>Male</b>	13	15		71	40	56% (40 of 71)
	<b>Female</b>	77	147		383	344	89% (344 of 383)
	<b>Other</b>	53	163		219	432	197% (219 of 432)
	<b>Male</b>	27	45		108	129	119% (129 of 108)
	<b>Female</b>	26	118		111	303	272% (303 of 111)

Source: USAID| Central America Capacity Project M&E Unit

The achievement of the goal of hospital personnel trained by country is: 100% (160 of 160) in Belize, 95% (246 of 258) in Costa Rica, 108% (333 of 308) in El Salvador, 102% (268 of 264) in Guatemala, and 76% (193 of 255) in Panama. (See Table 1.4.1). During the year all countries participated in the transfer of the OPQ/CQI and LFP methodologies for hospital personnel who are part of the nosocomial infection committees,

The level of empowerment of the local and central levels is reflected in the in-service (IST) trainings mostly through personnel trained in the national workshops. The inclusion in the hospital nosocomial committees of trainers trained in LFP has strengthened decision making and compliance with the gap closing intervention plans.

As part of learning from previous experiences and to strengthen health personnel, the participants in the LFP workshops spent one day in the introduction of OPQ before the two days of the LFP transfer workshop. This allowed for a holistic perspective of the quality process in the hospitals further assuring that the quality committees had members capable of linking the training processes to gap closing.

As part of the commitments the participants acquired in both methodologies in the workshops, they conducted local replication of OPQ in co-facilitation



with those trained as trainers and the persons certified in OPQ. The hospitals successfully replicated training of the quality committee members of each facility.

The central level was also involved during this period. In countries such as Panama and Belize, the central level certified the trainees in competencies in OPQ/CQI and LFP. In Belize, the head of nursing, Matron Augustine Elijo, stated that all trainings certified by the Project would be considered as part of continuing nursing education for the biannual licensing renewal requirement. In Panamá the Department of Health Facilities committed, as part of the institutionalization of quality process, to accrediting all of the competency-based trainings conducted by local, regional or central level trainings.

In El Salvador, through meetings with the National Directorate of Hospitals, with participation of the Training and Education Unit (UFC) of the Human Resources Directorate, they requested trainings in CQI and LFP for all hospitals and representatives of the Central Level. The head of the UFC has requested project support to train their personnel in the development of curricular contents based on competencies and oriented to performance improvement thereby standardizing the training methodology for all levels of care.

**Table 1.4.1 Number of hospital workers who successfully completed in-service training by country and regional, October 2013 to September 2014**

Country	Target				Doctors				Nurses				Other				Total			
	Doctors	Nurses	Other	Total	Female (N)	Male (N)	Total Doctors	Alcanzado	Female (N)	Male (N)	Total Nurses	Alcanzado	Female (N)	Male (N)	Total Other	Alcanzado	Female	Male	Grand Total	Achieved %
Belize	56	72	32	160	13	14	27	100%	67	9	76	106%	42	15	57	178%	122	38	160	100%
Costa Rica	138	73	47	258	34	15	49	36%	53	13	66	90%	102	29	131	279%	189	57	246	95%
El Salvador	120	107	81	308	69	88	157	100%	99	3	102	95%	49	25	74	91%	217	116	333	108%
Guatemala	145	107	12	264	37	43	80	100%	60	10	70	65%	79	39	118	983%	176	92	268	102%
Panama	113	95	47	255	15	27	42	100%	71	3	74	78%	57	20	77	164%	143	50	193	76%
Total	572	454	219	1245	168	187	355	62%	350	38	388	85%	329	128	457	209%	847	353	1200	96%

Source: USAID| Central America Capacity Project M&E Unit

1,213 health workers entered into a Project training and 99% (1200 of 1213) achieved the minimum project requirements (16 hour of training with pre-test, post-test and a skills test with a score of more than an 80% to be certified as competent. (See Table 1.5).

**Table 1.5 Percentage of hospital workers who achieved minimum competencies required for certification, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual	Annual Target	% of Annual Target
1.1.6	% of trainees who achieved the minimum required competencies	75%	98% (485 of 493)	75%	99% (1200 of 1213)

Source: USAID| Central America Capacity Project M&E Unit

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- PERFORMANCE STANDARDS SYSTEMATIZED AND INSTITUTIONALIZED TO MONITOR CARE SERVICES IN PARTICIPATING HOSPITALS/CLINICS IN ORDER TO ENSURE APPROPRIATE MANAGEMENT DECISION MAKING AS WELL AS CONTINUITY OF THE PERFORMANCE IMPROVEMENT PROGRAM.
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The project conducted the necessary coordination with the MOH and Costa Rica/SSI for institutionalization of ODC. One aspect of institutionalization is the creation of central and local level quality committees. Currently, 66% (50 of 76) of the health facilities supported by the project already have a committee: 75% in Costa Rica (9 of 12); 41% in El Salvador (7 of 17); 64% (14 of 22) in Guatemala; and 95% (19 of 20) in Panama. In Belize, the committees will be created by the central level of the MOH, since there have been changes in regional directors and supervisors.

The Project has a goal of recognizing hospitals that improve their performance, but this has not happened in Guatemala due to multiple changes in MOH authorities. Panama initiated recognition of the two hospitals that achieved an overall performance score of greater than 90%.

This recognition scheme will be developed in each country linked to a directive or national health policy.



## ➤ HEALTH CENTERS

During the past year the Project continued providing TA for CQI in 50 health centers in Guatemala. The project has initiated this process with the MOH of Belize, Costa Rica, El Salvador and Panama. The standards and criteria that serve as the basis for the measurement instrument have been defined, revised, contextualized and validated in each country by normative/technical/implementing teams. These standards are focused on improving the quality of the health center services for the diagnosis, care and treatment/control of STI/HIV.

During the past year the Project achieved 78% (59 of 76) of the target for conducting baseline health center measurements: 70% (7 of 10) in Belize; 92% (46 of 50) in Guatemala; and 100% (6 of 6) in Panama. In El Salvador the MOH is reviewing the results of the five health centers measured there and the information was not available at the time of this report. In Costa Rica the SSI plans to conduct baselines in 5 health centers during October and November of 2014. (See Table 1.6).

**Table 1.6. Percentage of health centers that completed their performance measurement, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Annual Target
1.3.1	% of Health Centers that have completed a performance measurement within the reporting period	39% (30 of 76)	47% (36 of 76)		100% (76 of 76)	78% (59 of 76)
	Belize	50% (5 of 10)	70% (7 of 10)		100% (10 of 10)	70% (7 of 10)
	Costa Rica	100% (5 of 5)	0%		100% (5 of 5)	0%
	El Salvador	100% (5 of 5)	0%		100% (5 of 5)	0%
	Guatemala	24% (12 of 50)	56% (28 of 50)		100% (50 of 50)	92% (46 of 50)
	Panama	50% (3 of 6)	17% (1 of 6)		100% (6 of 6)	100% (6 of 6)

Source: USAID| Central America Capacity Project M&E Unit

The majority of the health centers were measured during September and the personnel are in the process of developing their intervention plans. Currently 68% (52 of 76) have a gap-closing plan, 92% in Guatemala (46 of 50); and 100% (6 of 6) in Panama.

During the past year the project achieved 95% (227 of 240) health center personnel trained in: OPQ/CQI, biosafety, stigma and discrimination and STI/HIV, among others. 29% (66 of

227) are doctors; 26% (59 of 227) nurses; and 45% (102 of 227) support personnel (pharmacists, laundry and administration). 31% of the total hospital personnel trained were male (71 of 227) and 69% (156 of 227) were female. (See Table 1.7).

**Table 1.7 Number of health center workers who successfully completed in-service training, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% annual of Target
1.3.5	# of health center workers that have successfully completed in-service training.						
	Regional	76	89		240	227	95% (227 of 240)
Regional	Male	27	27		77	71	92% (71 of 77)
	Female	49	62		163	156	95% (156 of 163)
	Doctors	22	34		62	66	106% (66 of 62)
	Male	12	18		35	38	108% (38 of 35)
	Female	10	16		27	28	103% (28 of 27)
	Nurses	54	17		166	59	35% (59 of 166)
	Male	15	2		31	5	16% (5 of 31)
	Female	39	15		135	54	40% (54 of 135)
	Other	0	38		12	102	850% (102 of 12)
	Male	0	7		4	28	700% (28 of 4)
	Female	0	31		8	74	925% (74 of 8)

Source: USAID| Central America Capacity Project M&E Unit

The achievement of the target number of hospital personnel trained by country was: 52% (26 of 50) in Belize; 128% (32 of 25) in Costa Rica; 176% (44 of 25) in El Salvador; 97% (107 of 110) in Guatemala; and 60% (18 of 30) in Panama. (See Table 1.7.1).

**Table 1.7.1 Number of health center workers who successfully completed in-service training by country and region, October 2013 to September 2014**

Target					Doctors				Nurses				Other				Total			
Country	Doctors	Nurses	Other	Total	Female (N)	Male (N)	Total Doctors	Achieved	Female (N)	Male (N)	Total Nurses	Alcanzado	Female (N)	Male (N)	Total Other	Achieved	Femenino	Masculino	Gran Total	Achieved %
Belize	18	32	0	50	3	1	4	22%	12	0	12	38%	8	2	10	0%	23	3	26	52%
Costa Rica	5	20	0	25	3	4	7	140%	6	1	7	35%	14	4	18	0%	23	9	32	128%
El Salvador	5	20	0	25	12	13	25	500%	3	1	4	20%	12	3	15	0%	27	17	44	176%
Guatemala	24	74	12	110	9	18	27	113%	28	3	31	42%	34	15	49	408%	71	36	107	97%
Panama	10	20	0	30	1	2	3	30%	5	0	5	25%	6	4	10	0%	12	6	18	60%
Total	62	166	12	240	28	38	66	106%	54	5	59	36%	74	28	102	850%	156	71	227	95%

Source: USAID| Central America Capacity Project M&E Unit

232 health center workers entered into a training of which 98% (227 of 232) met the minimum project requirements of 16 hours of training, with pre-test, post-test and a skills test with a score of more than 80% to be certified as competent. (See Table 1.8).

Belize and Panama presented a challenge in terms of convening the health center personnel for trainings. In the case of Belize, there was delayed notification by the MOH as to which health centers would apply OPQ. In Panama the electoral and transition of government process delayed training activities by three months.

**Table 1.8 Percentage of health center workers who achieved minimum competencies required for certification training, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Year Target	% of Annual Target
1.3.6	% of health centers workers trainees who achieved the minimum required competencies	75%	100%		75%	98% (227 of 232)

Source: USAID| Central America Capacity Project M&E Unit

New PEPFAR indicators were established for the project this past year. The project provided direct TA to 96% (114 of 119) of the target for health facilities. The TA was for the application of OPQ in the facilities including: performance measurements, the development of intervention plans, and training to close gaps.

## Adherence

In coordination with COMISCA, the RCM, National AIDS Programs (NAP), and PAHO, the Project organized a forum “Strengthening adherence to ART in Central America”. A result of the forum was the ratification of a standard regional indicator to measure adherence based on viral load. Moreover they defined a report by country to construct the Cascade of Care for HIV and confirmed that the HIV treatment units/ART clinics would be analyzing and registering adherence to ART for PLWHA attending those services.



In Costa Rica, El Salvador, Guatemala and Panama the guide was revised and validated by the National Programs, experts and country representatives, PAHO, UNAIDS ONUSIDA and PLWHA, among others. In Belize the Regional Guide is being revised by the NAP (See Table 1.9)

Costa Rica, El Salvador, Guatemala and Panama are in the data collection, analysis and final report preparation phase. The data collection process confirmed that 62% (36 of 58) of the ART treatment units are analyzing and registering client adherence to ART.

There were no adherence data available to at the time of this report pending completion of the Cascade of Care report.

**Table 1.9 Percentage of hospitals that track and analyze adherence to ART,  
October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual	Annual Target	% of Annual Target
<b>1.2.12</b>	<b>% of hospitals that register and analyze ARVT adherence for PLWHA</b>	64% (37 of 58)	88% (36 of 41)	64% (37 of 58)	62% (36 of 58)
	Belize	57% (4 of 7)	0	57% (4 of 7)	0%
	Costa Rica	60% (6 of 10)	0	60% (6 of 10)	0%
	El Salvador	67% (8 of 12)	142% (17 of 12)	67% (8 of 12)	142% (17 of 12)

	Guatemala	67% (10 of 15)	67% (10 of 15)		67% (10 of 15)	67% (10 of 15)
	Panama	64% (9 of 14)	64% (9 of 14)		64% (9 of 14)	64% (9 of 14)

Source: USAID| Central America Capacity Project M&E Unit

During the past year the Project organized a regional meeting in Guatemala to strengthen adherence processes with participation of key personnel of the NAP, experts, representatives of PAHO, UNAIDS and the PLWHA groups. The participants presented the situation of the Cascade of Care and the percentage of adherence of persons in treatment in their country. To ensure that the diagnosis is standardized across countries, the regional guide was revised, contextualized and validated by a group of experts in each country. In Five of six national and regional meetings (all except Belize)to strengthen adherence to ART were held. (See Table 1.10)

**Table 1.10 Number of national and regional meetings to strengthen adherence to antiretroviral therapy, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
1.4.2	# of national and regional meetings to strengthen adherence to antiretroviral therapy processes in Central American region.	6	5		6	5	83% (5 of 6)
	Belize	1	1		1	0	0%
	Costa Rica	1	1		1	1	100% (1 of 1)
	El Salvador	1	1		1	1	100% (1 of 1)
	Guatemala	2	1		2	2	100% (1 of 1)
	Panama	1	1		1	1	100% (1 of 1)
	Regional	1	1		1	1	100% 1of 1

Source: USAID| Central America Capacity Project M&E Unit

The goal is to conclude the report in October and November and to present the information to COMISCA for their analysis to make decisions.

#### Next steps:

- Present the Project work areas and OPQ methodology to the countries that have changed their central and local authorities
- Consolidate/strengthen the Quality and IAAS teams at the central and local levels

- Continue actions and negotiations for the institutionalization of the methodology
- Finalize the adherence and Cascade of Care in HIV reports in the countries supported by the project
- Disseminate adherence report to COMISCA and the local levels of the ART treatment centers
- Develop a Regional Adherence Tool including best practices from the clinical and community levels, which integrates to the Health, Dignity and Positive Prevention Strategy in coordination with other partners and counterpart
- Strengthen implementing personnel in OPQ/CQI
- Initiate LFP trainings with the objective of strengthening the transfer of learning through supportive supervision
- Develop a competency-based training manual on adherence to ART to be adapted to each country
- Provide TA to the counterpart to strengthen adherence and IAAS based on the results of a needs assessment
- Incorporate user satisfaction into the quality methodology and link the analysis of the data with the CCR multisector networks
- Develop a competency-based training manual on STI/HIV for clinical personnel with cross-cutting themes such as gender and stigma and discrimination. This manual will be adapted to each country.

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## 2. EXPANSION AND INSTITUTIONALIZATION OF THE COORDINATED COMMUNITY RESPONSE (CCR) METHODOLOGY IN FIVE COUNTRIES IN THE REGION

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*Provide in-service training to medical staff and other health care providers in the public, private sectors and non-governmental organizations (NGOs). For example, graduate studies and other short courses on specific topics related to comprehensive care and treatment of HIV and AIDS. Support the upgrade, development and reproduction of materials and/or scholarships for participation in courses offered by private institutions. Should cover at least the following topics: ART, TB/HIV, biosafety, optimizing performance and quality, stigma and discrimination.*

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### ➤ COORDINATED COMMUNITY RESPONSE (CCR) IMPLEMENTED IN 44 MULTI-SECTOR NETWORKS IN FIVE COUNTRIES FOR A SUSTAINABLE HIV RESPONSE

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The project continued strengthening the CCR during the past year providing direct TA to 93% (41 of 44) multisector networks.

The Project directly assisted the formation of 15 of a target of 17 new multisector networks including the actions of: presentation and negotiation with local organizations; a

situational analysis; formation of the network; a baseline performance evaluation based on community standards; and the development of a work plan.

Meanwhile, the Project continued providing TA to the 27 existing networks in the region withdrawing support from one network (Desamparados) in Costa Rica and is evaluating the possible withdrawal of another network in Guatemala for the reasons provided below.

The NAC in **Belize** had changes at the political and operational levels during the last quarter which is why it was not possible to conduct the diagnostic phase for the new network in Belize City. The project focused efforts on the seven existing networks there.

The Desamparados network in **Costa Rica** had not achieved expected results in spite of having received project support since 2009. In spite of the existence of multiple organizations working in the zone, they never established a coordination team. Moreover, participation was limited by the demands of their own organizational activities and the MOH leadership in the area did not actively participate, even though they had a mandate to do so from the central level, with little sustainability or institutionalization.

Finally, after trying various strategies to reactivate the network, the MOH approved withdrawing project TA from the Desamparados network due to recognized lack of involvement of the health area. The project continues to support the other three existing networks in Costa Rica and has made contact with the National Directorate of Community Development (DINADECO) that will facilitate network support for infrastructure, e.g. meeting rooms and support for local gatherings to conduct their activities pending the signing of memorandum of understanding with DINADECO.

In **El Salvador** the areas of San Salvador Norte, San Salvador Oriente, Santa Ana, Usulután, Zacatecoluca and San Miguel concluded the official formation of their multisector networks. The networks of Usulután and San Miguel are in the process of conducting their initial standards-based performance measurement. The networks Zacatecoluca and Santa Ana will conduct their measurements in October. These evaluations were delayed by the outbreaks of Chikungunya and Dengue.

In **Guatemala** the head of the Peten/Southeast Health Area expressed interest in continuing work with departmental level networks, as opposed a municipal network due to lack of personnel specifically designated to work for the HIV program. The NAP will designate another area to make up the missing network. Members of the Peten network resisted working in coordination and decided to restructure the coordinating commission. The project is in standby while the network redefines its new structure and the possibility

of continuing to strengthen actions at the departmental level. The networks of San Marcos, Suchitepéquez, Petén Southwest and Alta Verapaz have been created and will conduct their community standards baseline measurements.

In **Panama**, the recently formed networks of Bocas del Toro, Azuero, Coclé and Panama West concluded their first community standards based performance evaluations.

Fourteen networks are still in stages prior to the performance evaluation which is why the achievement of this year's target was 68% (30 of 44) multisector networks evaluated. Of the 30 evaluations that were conducted, 37% (11 of 30) are baselines and 63% (19 of 30) are second or third follow up evaluations.

The distribution of evaluations by country is: 88% (7 of 8) in Belize; 75% (3 of 4) in Costa Rica; 40% (4 of 10) in El Salvador; 57% (8 of 14) in Guatemala and 100% (8 of 8) in Panama (See Table 2.1). The evaluations were conducted according to the guidelines for community standards with verification teams trained in the CCR methodology.

**Table 2.1 Percentage of multi-sector networks that completed their performance measurement, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Annual Target
2.1.1	% of multi-sector networks that have completed performance measurements within the reporting period	30% (13 of 44)	42% (11 of 26)		100% (44 of 44)	68% (30 of 44)
	Belize	38% (3 of 8)	0%		100% (8 of 8)	88% (7 of 8)
	Costa Rica	25% (1 of 4)	25% (1 of 4)		100% (4 of 4)	75% (3 of 4)
	El Salvador	30% (3 of 10)	0%		100% (10 of 10)	40% (4 of 10)
	Guatemala	29% (4 of 14)	43% (6 of 14)		100% (14 of 14)	57% (8 of 14)
	Panama	25% (2 of 8)	50% (4 of 8)		100% (8 of 8)	100% (8 of 8)

Source: USAID| Central America Capacity Project M&E Unit

The average evaluation results by measurement round can be found in Graph 2.1. There was a tendency for the average regional performance scores to increase with subsequent evaluations in Belize, Costa Rica and El Salvador. In Guatemala there was decrease of three percentage points and in



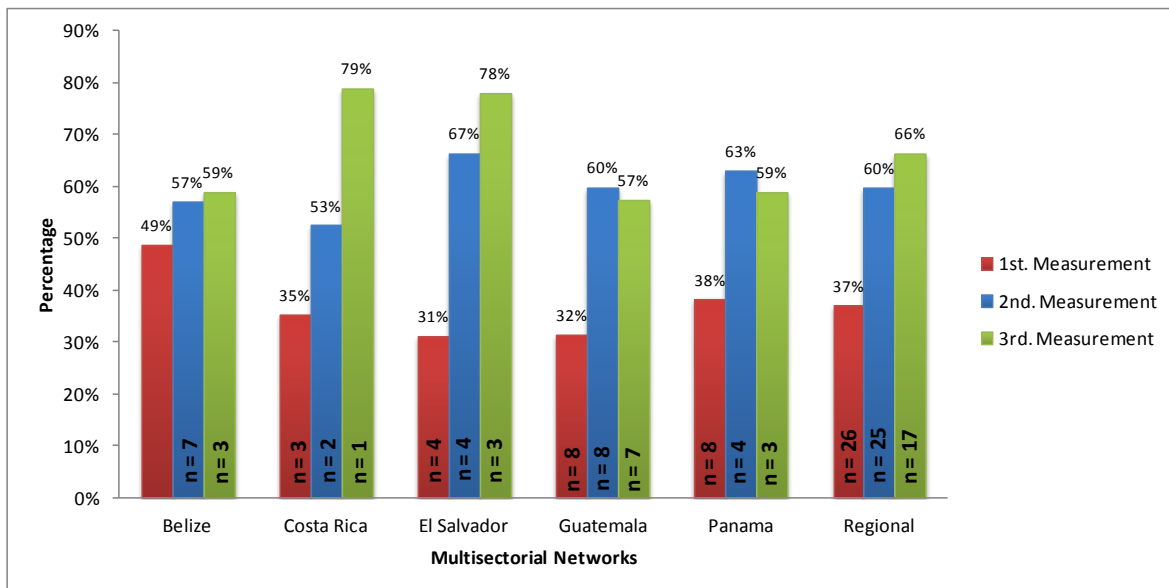
Panama a decrease of four points between the second and third evaluations. One explanatory factor could be a revision to the methodology and the decision to make verification visits on compliance with standards to assure the rigor of the application of the standards and the conduct of the evaluation.

Likewise, the networks consolidated their structures and functional processes between the first and second evaluations to facilitate operationalization of the work which is why there was a substantial increase in the area of management. The standards that were lacking in compliance in the third measurement are related to the quality of the HIV services in the continuum of care which were limited by the lack of available resources.

Common obstacles to improving services include: standardization of processes for providing care; as well as for reporting. The former problem due to that the non-governmental entities vary in their norms and flow charts. Network efforts are being made in training and monitoring service standards to achieve higher levels of user satisfaction.

The frequent rotation of personnel, particularly in the government services, have limited progress by the network working commissions that are responsible for following up on the implementation of the activities in the intervention plans which affects the ability to improve HIV service quality. The network coordinating commissions have representatives and a backup for each member organization to assure follow up of network processes. Likewise, they develop notes and minutes of each meeting that are disseminated to authorities to inform them of network progress and agreements.

**Graph 2.1 Results of multi-sector network performance measurements, by number, September 2013 to October 2014**



Source: USAID| Central America Capacity Project M&E Unit

Of the 30 multisector networks evaluated during the past year, 29 developed their work plan achieving 66% (29 of 44) of the target. The Zacapa, Guatemala network is finalizing its work plan. The networks achieved 63% (17 of 27) of expected performance according to the measurement round. (See Table 2.2) Details by network are in the country annexes.

**Table 2.2 Percentage of multi-sector networks that achieved the expected performance score, by number of evaluation, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual	Year Target	% of Annual Target
2.1.4	% of multisector network that comply with their expected performance standards based on the number of measurement. (Expected performance 2 <sup>nd</sup> . Measurement=50%; 3 <sup>rd</sup> . Measurement= 60% and 4 <sup>th</sup> . Measurement 70%)	50% (1 of 2)	50% (3 of 6)	63% (17 of 27)	63% (17 of 27)
	Belize	50% (1 of 2)	NA	57% (4 of 7)	57% (4 of 7)
	Costa Rica	NA	NA	67% (2 of 3)	67% (2 of 3)
	El Salvador	NA	NA	75% (3 of 4)	100% (4 of 4)
	Guatemala	NA	50% (3 of 6)	56% (5 of 9)	44% (4 of 9)
	Panama	NA	NA	75% (3 of 4)	75% (3 of 4)

Source: USAID| Central America Capacity Project M&E Unit

➤ IMPROVED USE OF STRATEGIC INFORMATION AT THE LOCAL LEVEL

During the past year 77% (34 of 44) networks conducted activities to improve the use of strategic information (SI) at the local level: Belize 88% (7 of 8); Costa Rica 75% (3 of 4); El Salvador 50% (5 of 10); Guatemala 79% (11 of 14); and Panama 100% (8 of 8). This activity includes from the development of the intervention plans, analysis of their performance evaluations, forums, and activities to increase participation of MSM, Transgender women and the sexual diversity) thereby improving the social milieu for these key populations. (See Table 2.3).

**Table 2.3 Percentage of multi-sector networks that identify specific actions based on their analysis of strategic information, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Annual Target
2.2.1	% of multi-sector networks that have identified specific actions based on the analysis of strategic information (To improve adherence, prevention with PLWH, and social environment with key pops)	100% (17 of 17)	70% (14 of 20)		100% (44 of 44)	77% (34 of 44)
	Belize	100% (1 of 1)	300% (3 of 1)		100% (8 of 8)	88% (7 of 8)
	Costa Rica	100% (1 of 1)	100% (1 of 1)		100% (4 of 4)	75% (3 of 4)
	El Salvador	100% (6 of 6)	0%		100% (10 of 10)	50% (5 of 10)
	Guatemala	100% (5 of 5)	43% (6 of 14)		100% (14 of 14)	79% (11 of 14)
	Panama	100% (4 of 4)	100% (4 of 4)		100% (8 of 8)	100% (8 of 8)

Source: USAID| Central America Capacity Project M&E Unit

Other SI activities at the local level included 103% (33 of 32) the target for local and national forums where SI for decision making was presented and discussed including: Belize 100% (8 of 8); Costa Rica 100% (4 of 4); El Salvador 100% (5 of 5); Guatemala 110% (11 of 10); and Panama 100% (5 of 5) (See Table 2.4).

**Table 2.4 Number of local and national forums presenting strategic information, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of annual Target
2.2.2	# of local and national forums where multisector networks present strategic information for analysis and decision	5	9		32	33	103% (33 of 32)

	taking.						
	Belize	1	1		8	8	100% (8 of 8)
	Costa Rica	1	1		4	4	100% (4 of 4)
	El Salvador	1	3		5	5	100% (5 of 5)
	Guatemala	1	1		10	11	110% (11 of 10)
	Panama	1	3		5	5	100% (5 of 5)

Source: USAID| Central America Capacity Project M&E Unit

In August and September the Project held national networks forums with the participation of the MOH/NAP and other stakeholders. The objectives of the forums were the promotion of adherence to ART through the strengthening of the referral and response system; and the sustainability of the networks. The participants shared successful experiences from the community level such as the support groups. Likewise each country identified the most promising strategies for sustaining the networks' work, including a rotation of collaborating institutions.



### ➤ IMPROVED SOCIAL ENVIRONMENT FOR VULNERABLE POPULATIONS ACCESSING HIV SERVICES AND REDUCE STIGMA AND DISCRIMINATION

The project networks conducted multiple activities to improve the social environment for vulnerable populations with the goal of facilitating access to HIV services, and the reduction of stigma and discrimination. The project provided TA so that 91% (40 of 44) of the networks have an updated mapping of the context for specific services to improve the local social environment for PLWHA, MSM, and the sexual diversity and transgender women.

La distribution of networks with an updated mapping by country is: 75% (6 of 8) in Belize; 75% (3 of 4) in Costa Rica; 100% (10 of 10) in El Salvador; 93% (13 of 14) in Guatemala; and 100% (8 of 8) in Panama. The Island network in Belize will do its mapping exercise in October and November. (See Table 2.5).

**Table 2.5 Number of multisector networks completing a diagnostic mapping for the analysis of the context of specific actions to improve the social environment, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
2.3.1	# of multi-sector networks that have diagnostic mapping for the context analysis of specific actions to improve the social environment of PLWHA and key pop.	NA	14		44	40	91% (40 of 44)
	Belize	NA	2		8	6	75% (6 of 8)
	Costa Rica	NA	1		4	3	75% (3 of 4)
	El Salvador	NA	NA		10	10	100% (10 of 10)
	Guatemala	NA	11		14	13	93% (13 of 14)
	Panama	NA	NA		8	8	100% (8 of 8)

Source: USAID| Central America Capacity Project M&E Unit

The networks achieved 98% (264 of 270) of programmed activities to improve the social environment of PLWHA and other key populations during the reporting period. The distribution by country was: 110% (77 of 70) in Belize; 100% (30 of 30) in Costa Rica; 110% (44 of 40) in El Salvador; 77% (69 of 90) in Guatemala; and 110% (44 of 40) in Panama. These activities included: the diagnosis of the organizations providing HIV services; agreements for improving the care focused on adherence to ART; dissemination of treatment norms; strengthening of PLWHA and key population support groups; and presentation of information in forums and meetings, among others (See Table 2.6).

**Table 2.6 Number of actions taken by the multi-sector networks to improve the social environment for PLWHA and other key populations, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Annual Target
2.3.2	# of specific actions taken by multi-sector networks to improve the social environment of PLWHA and other key pop.	120	136		270	264	98% (264 of 270)
	Belize	30	17		70	77	110% (77 of 70)
	Costa Rica	10	15		30	30	100% (30 of 30)
	El Salvador	20	0		40	44	110% (44 of 40)
	Guatemala	40	69		90	69	77% (69 of 90)
	Panama	20	35		40	44	110% (44 of 40)

Source: USAID| Central America Capacity Project M&E Unit

The Project achieved 127% (124 of 98) the target for network members trained in stigma and discrimination: 56% (70 of 124) are government personnel; 19% (23 of 124) are from NGOs; and 25% (31 of 124) from civil society. Of the total hospital personnel trained, 33% (41 of 124) are male and 67% (83 of 124) female. (See Table 2.7).

**Table 2.7 Number of multi-sector network members who successfully completed training in stigma and discrimination, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
2.3.3	# of multi-sector network workers who successfully completed in- service training in stigma and discrimination	48	0		98	124	127% (124 of 98)
	REGIONAL Total						
	Male	23	0		39	41	105% (41 of 39)
	Female	25	0		59	83	140% (83 of 59)
	Government Organization	24	0		47	70	148% (70 of 47)
	Male	11	0		18	21	116% (21 of 18)
	Female	13	0		29	49	168% (49 of 29)
	Non-Government Organization	13	0		29	23	79% (23 of 29)
	Male	6	0		10	6	60% (6 of 10)
	Female	7	0		19	17	89% (17 of 19)
	Civil Society	11	0		22	31	140% (31 of 22)
	Male	6	0		11	14	127% (14 of 11)
	Female	5	0		11	17	154% (17 of 11)

Source: USAID| Central America Capacity Project M&E Unit

The goal for network personnel trained in stigma and discrimination by country is: 100% (14 of 14) in Belize; 106% (19 of 18) in Costa Rica; 100% (18 of 18) in El Salvador; 96% (26 of 27) in Guatemala; and 224% (47 of 21) in Panama. The overachievement in Panama was due to the recognition on their part of the need to increase knowledge of stigma and discrimination among the network members. (See Table 2.7.1)

**Table 2.7.1 Number of members of multisector networks who successfully complete training on stigma and discrimination, by country and regional. October 2013 to September 2014**

Target		Government Organization			Non Government Organization			Civil Society			Total			
Country	Total	Female	Male	Total Government Organization	Female	Male	Total Non Government Organization	Female	Male	Total Civil Society	Female	Male	Grand Total	Achieved %
Belize	14	5	3	8	0	0	0	3	3	6	8	6	14	100%
Costa Rica	18	7	4	11	3	0	3	2	3	5	12	7	19	106%
El Salvador	18	9	3	12	3	3	6	0	0	0	12	6	18	100%
Guatemala	27	1	1	2	4	0	4	12	8	20	17	9	26	96%
Panama	21	27	10	37	7	3	10	0	0	0	34	13	47	224%
Total	98	49	21	70	17	6	23	17	14	31	83	41	124	127%

Source: USAID| Central America Capacity Project M&E Unit

100% (124 of 124) network members that entered into training in stigma and discrimination achieved the project minimum requirements for certification in competencies (16 hours of training with pre and post-test and a skills test with a score of 80%). (See Table 2.9).

**Table 2.9 Percentage of multi-sector network members who achieved the minimum competence required for certification on the issue of stigma and discrimination, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual	Year Target	% of Annual Target
2.3.4	% of trainees who achieved the minimum required competencies	75%	NA	75%	100% (124 of 124)

Source: USAID| Central America Capacity Project M&E Unit

## ➤ IMPROVING QUALITY OF LIFE AMONG PLWHA

The Project provided TA to the country multisector networks for HIV to establish a referral and response system for PLWHA and key populations including MSM, the sexual diversity and transgender women. The goal of the TA is to facilitate processes to assure the PLWHA and key populations have ready access to services for strengthening adherence to ART and prevention.

The system was consulted and validated with the national authorities for implementation of a standardized system adapted to national contexts. Costa Rica, Guatemala and Panama

printed HIV service directories for each area including a pocket guide for individual users and an institutional guide that includes all the networks and national reference entities.

The validation in each country is at a different level of progress with the biggest challenges in Belize and Guatemala, since they are still pending approval from the national authorities to initiate implementation.

The project established the referral and response system in four multisectoral networks from Panama, thereby achieving 15% (4 of 27) of the target set for this fiscal year.

Four networks in Panama recognized the utility of the system for facilitating services to the users demonstrating the work carried out together with other organizations and generating confidence in the referred that they now possess a document summarizing the situation and guaranteeing a better treatment. The following registration and analysis of the information of the referrals and replies will support an improved quality of life for PLWHA.

The Project continued with the innovative mobile telephone system to improve adherence to ART in the Izabal area of Guatemala. The process had a setback when the person in the comprehensive care clinic initially assigned to manage the process no longer works there leaving the Social Worker in charge who had the task of updating the cellphones of the PLWHA and assuring that the simple text messages reached them. She was also charged with informing each of them about the activity and adding a field to the pharmacy record to be able to follow up on the persons receiving a message.

The sending of the reminder messages commenced in May to the PLWHA patients of the Hospital Amistad Japón-Guatemala clinic. Through August 570 messages had been sent. In the first months monitoring the messages identified the effect caused in the patients and if they received the messages, as well as sensitizing the population about the need to maintain their phone numbers. From the third week in July through the second week of August other aspects of the program were evaluated through a 10 question questionnaire principally to find out if in some measure the messages contributed to improving their attendance at their appointments and their commitment to their health. Of 77 patients interviewed, 35 mentioned they were motivated and committed to continuing with their clinical care.

As mentioned by the clinic social worker, *“even though the program is useful and practical, it requires a parallel tool to function and does not allow for much information, but on the other hand in this phase they did not select specific groups because it was necessary to know*

*the acceptance by the patients, which was very positive ... also the involvement of the clinic team, especially of the pharmacy, since they are a central part of the control of adherence, it is a question to plan well for the second phase"*

One can conclude from the previous that it is necessary to have specific groups responsible for sending the reminders since the objective is that it will be really useful for improving adherence and improved attendance for clinic appointments.

### ➤ IN-SERVICE TRAINING

The Project achieved 81% (764 of 941) the target of IST for network members in the topics of the CCR methodology, HIV and adherence to ART. Of the trainees, 68% (517 of 764) were from governmental organizations; 16% (127 of 764) were NGO personnel; and 16% (120 of 764) from civil society. Of the hospital personnel trained, 29% (225 of 764) were male and 71% (539 of 764) were female. (See Table 2.11).

**Table 2.11 Number of multi-sector network members who successfully completed in-service trainings, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
2.5.1	# of multisector network workers who successfully completed in- service training. Topics include Coordinated Community Response (CCR) and themes in HIV and ARV adherence, prevention with positives and self-support groups	394	354		941	764	81% (764 of 941)
Regional	Male	160	112		380	225	59% (225 of 38)
	Female	234	242		561	539	96% (539 of 561)
	Government Organization	185	225		477	517	108% (517 of 477)
	Male	72	55		191	115	60% (115 of 191)
	Female	113	170		286	402	141% (402 of 286)
	Non-Government Organization	146	64		316	127	40% (127 of 316)
	Male	61	32		128	58	45% (58 of 128)
	Female	85	32		188	69	37% (69 of 188)
	Civil Society	63	65		148	120	81% (120 of 148)

	Male	27	26		61	53	87% (53 of 61)
	Female	36	39		87	67	77% (67 of 87)

Source: USAID| Central America Capacity Project M&E Unit

The project achieved 97% (166 of 172) of the target for multisector personnel trained in the CCR methodology, HIV and adherence to ART: Belize 93% (89 of 96); Costa Rica, 55% (95 of 172); El Salvador; 74% (247 of 336); in Guatemala, and 101% (167 of 165) in Panama. Only 55% was achieved in El Salvador due to the Chikangunya epidemic during the last quarter. (See Table 2.11.1).

**Table 2.11.1 Number of multi-sector network members who successfully completed training on topics including CCR, HIV and ARV adherence, prevention with positive support groups, October 2013 to September 2014**

Target		Government Organization			Non Government Organization			Civil Society			Total			
Country	Total	Female	Male	Total Government Organization	Female	Male	Total Non Government Organization	Female	Male	Total Civil Society	Female	Male	Grand Total	Achieved %
Belize	172	82	37	119	11	14	25	11	11	22	104	62	166	97%
Costa Rica	96	45	15	60	2	7	9	12	8	20	59	30	89	93%
El Salvador	172	37	15	52	11	7	18	18	7	25	66	29	95	55%
Guatemala	336	153	24	177	17	12	29	22	19	41	193	54	247	74%
Panama	165	85	24	109	28	18	46	4	8	12	117	50	167	101%
Total	941	402	115	517	69	58	127	67	53	120	539	225	764	81%

Source: USAID| Central America Capacity Project M&E Unit

Of the 779 network members who initiated training in CCR, HIV and adherence, 98% (764 of 779) met minimum project requirements of 16 hours of training, with pre-test, post-test and a skills test with a score of more than 80% to be certified as competent. (See Table 2.12).

**Table 2.12 Percentage of multi-sector network members who achieved the minimum competencies required for certification in CCR issues, HIV and ARV adherence, prevention with positive support groups, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual	Annual Target	% of Annual Target
2.5.2	% of trainees who achieved the minimum required competencies	75%	100%	75%	98% (764 of 779)

Source: USAID| Central America Capacity Project M&E Unit

During the fourth quarter 39 network members participated in a course on HIV with emphasis on adherence to ART. The course was directed by ART clinic personnel in each country and included clinic personnel (medical, nursing, social work or psychology), network members linked to direct care. The course was provided through eLearning over 9 weeks equivalent to 50 hours of class work with four thematic cycles of HIV, ART and adherence including:

- Module 1: Biology, diagnostics and follow up to HIV
- Module 2: Antiretroviral (adults and pediatric), with emphasis on strategy 2.0 of the WHO treatment cascade
- Module 3: Adherence
- Module 4: Nutrition and HIV, secondary effects of treatment.

The virtual course was developed by a multidisciplinary team of professionals with experience in the comprehensive care of PLWHA and was delivered by professionals of the Guatemalan NGO, ASI (Asociación de Salud Integral) with academic recognition of the Institute of Salud Carlos III, Madrid, Spain. As part of the project, the participants produced a document on *"HIV and adherence: strategies for local strengthening"* with an analysis of the HIV situation in each country and the guides for the management of ART, the identification of the local treatment system, and the local strategies for strengthening adherence. The project gives technical assistances, sharing LFP metrology and planning the training

Of the 39 participants that initiated the course (Belize 8, Costa Rica 6, El Salvador 10, Guatemala 7 and Panama 8), 36 successfully completed it and received certification (to be included in next year's report).

In respect to IST, the topics included: the CCR methodology; and LFP for closing gaps in human rights and HIV, sexual diversity and HIV, Voluntary Counseling and Testing,

adherence, customer service, Monitoring and Evaluation in Health and Positive Health with Dignity and Prevention.

Convening networks for two day trainings continues to be a challenge due to the institutional responsibilities of network members and some countries have opted for weekend trainings.

**Next steps:**

- Newly created networks in El Salvador and Guatemala will do their initial performance measurements based on standards and resultant action plans
- Provide TA for compliance with implementation of action plans
- Workshops on stigma and discrimination in all countries to encompass newly created networks
- Develop network intervention plans for those networks that completed their performance evaluations
- Conduct local forums on analysis and presentation of SI
- Conclude validation of the referral and response system in all countries
- Develop directories of local services in Belize and El Salvador
- Explore the feasibility of implementing a mobile telephone system for adherence in other areas of Guatemala and other countries
- Develop competency-based training manuals for HIV self-help groups
- Validate training manual on gender focused on key populations adapting the contents to each country.

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### 3. INFECTION PREVENTION IN SELECTED HEALTH FACILITIES

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*A pre-service training program with a strategy of voluntary counseling and testing (VCT) focused on increasing access to early diagnosis. Updating and incorporation of appropriate modules and materials related to comprehensive care and treatment of HIV and AIDS programs in pre-service training for physicians and other health and social services providers. It should at least cover the subjects of ART, TB/HIV, biosecurity, optimizing performance and quality, stigma and discrimination.*

The Project provided TA on Infections associated with Attention in Health (IAAS). The rate of IAAS is a reflection of how the hospitals apply OPQ, particularly in the area of biosafety.

Through negotiations with the MOH/SSI, the project has initiated a process of reviewing the situation in each country (with the exception of Belize); and identifying existing norms and protocols for the epidemiological surveillance of IAAS. There appears to be a lot left to do given the scarce compliance with the norms.

➤ **BASELINE AND FOLLOW-UP STUDIES OF THE NOSOCOMIAL INFECTIONS INFORMATION SYSTEM, IN SELECTED HOSPITALS**

The Project provided TA to 82% (50 of 61) of hospitals, to strengthen the process of notification, follow up and prevention of IAAS. Coordination meetings at the central and local levels created awareness of the current situation, supported creation of committees, disseminated norms and protocols for the functioning of an epidemiological surveillance system for IAAS. Hospital TA by country was: 33% (3 of 9) in Belize; 53% (8 of 15) in Costa Rica; 94% (16 of 17) in El Salvador; 100% (15 of 15) in Guatemala; and 95% (19 of 20) in Panama. (See Table 3.1).

**Table 3.1 Number of hospitals that implement a monitoring system to control nosocomial infections, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Annual Target
3.1.1	# of health services supported by the project that implement a surveillance and control system of nosocomial infections	29	34		61	50	82% (50 of 61)
	Belize	5	3		9	3	33% (3 of 9)
	Costa Rica	7	0		15	8	53% (8 of 15)
	El Salvador	7	0		17	16	94% (16 of 17)
	Guatemala	NA	15		NA	15	100% (15 of 15)
	Panama	10	19		20	8	95% (19 of 20)

Source: USAID| Central America Capacity Project M&E Unit

During the past year the project held meetings at the central level in each country with the MOH and SSI to move forward the situational analysis of the IAAS. Guatemala and Panama carried out their analyses with the rest of the countries in process. Following the analyses the project will support the updating and revision of guides, protocols and/or curricula on IAAS.

The achievement for the year was that in Guatemala and Panama 58% (33 of 57) hospitals have a situational analysis of IAAS: 100% (15 of 15) in Guatemala; and 95% (19 of 20) in Panama.

The challenge in Belize has been lack of MOH counterpart and trained personnel to conduct epidemiological surveillance.

In Costa Rica the Epidemiological Surveillance Unit of the SSI is carrying out its own baseline to identify principal weaknesses in the IAAS reporting system. In order to optimize resources, the project will use the results of this study to identify specific areas for TA and strengthening.

In El Salvador the IAAS situational analysis was pushed back due to the epidemic of Chikungunya that had the epidemiological surveillance and MOH personnel occupied in epidemic control, register and prevention activities.

The Project achieved 75% (46 of 61) of the hospitals with a nosocomial infection committee exceeding the target of 66% (40 of 61) due to El Salvador and Panama confirming the existence of committees in 11 hospitals more than what was programmed for this year. The distribution by country is: 33% (3 of 9) in Belize; 53% (8 of 15) in Costa Rica; 94% (16 of 17) in El Salvador; and 95% (19 of 20) in Panamá.

**Table 3.2 Percentage of hospitals with a nosocomial committee, by country, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Annual Target
3.1.3	% of selected hospitals that have a functional nosocomial committee	66% (40 of 61)	13% (5 of 39)		66% (40 of 61)	75% (46 of 61)
	Belize	67% (6 of 9)	11% (1 of 9)		67% (6 of 9)	33% (3 of 9)
	Costa Rica	67% (10 of 15)	13% (2 of 15)		67% (10 of 15)	53% (8 of 15)
	El Salvador	65% (11 of 17)	0%		65% (11 of 17)	94% (16 of 17)
	Guatemala	NA	NA		NA	NA
	Panama	65% (13 of 20)	0%		65% (13 of 20)	95% (19 of 20)

Source: USAID/ Central America Capacity Project M&E Unit

Protocols for surveillance of IAAS exist in Costa Rica, El Salvador and Panama achieving 60% (3 of 5) the target. Norms for surveillance of IAAS do not exist in Belize and Guatemala is in the process of updating its norms. (See Table 3.3)

**Table 3.3 Number of countries that updated their protocols for monitoring nosocomial infections, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of annual Target
3.1.4	# of countries that updates nosocomial infection surveillance protocols	NA	NA		5	3	60% (3 of 5)
	Belize	NA	NA		1	0	0%
	Costa Rica	NA	1		1	1	100%

						(1 of 1)
	El Salvador	NA	1	1	1	100% (1 of 1)
	Guatemala	NA	NA	1	0	0%
	Panama	NA	1	1	1	100% (1 of 1)

Source: USAID| Central America Capacity Project M&E Unit

The Project achieved 73% (761 of 1045) the target of hospital personnel trained in epidemiological surveillance/biosafety: 13% (96 of 761) were doctors; 55% (422 of 761) were nurses; and 32% (243 of 761) were support personnel (pharmacy, laundry, administration); 26% (197 of 761) were male and 74% (564 of 761) were female. (See Table 3.4).

**Table 3.4 Number of hospital workers who successfully completed training in epidemiological surveillance/biosafety, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual	Annual Target	Actual	% of Target
3.1.5	# of hospital health workers who successfully completed in-service training in epidemiological surveillance of nosocomial infections and biosafety	510	734	1045	761	73% (761 of 1045)
	Male	177	183	364	197	54% (197 of 364)
	Female	333	551	681	564	83% (564 of 681)
	<b>Medical Personnel</b>	295	93	610	96	16% (96 of 610)
	Male	150	40	310	42	14% (42 of 310)
	Female	145	53	300	54	18% (54 of 300)
	<b>Nursing Personnel</b>	215	415	435	422	97% (422 of 435)
	Male	27	46	54	47	87% (47 of 54)
	Female	188	369	381	375	98% (375 of 381)
	<b>Other</b>	0	226	0	243	100% (243 of 0)
	Male	0	97	0	108	100% (108 of 0)
	Female	0	129	0	135	100% (135 of 0)

Source: USAID| Central America Capacity Project M&E Unit

In terms of hospital workers trained in surveillance/biosafety by country, the Project achieved: 55% (74 of 135) in Belize; 104% (233 of 225) in Costa Rica; 60% (151 of 250) in El Salvador; 64% (86 of 135) in Guatemala; and 72% (217 of 300) in Panamá. (See Table 3.4.1)

**Table 3.4.1 Number of hospital workers who successfully completed training in epidemiological surveillance/biosafety, by country, October 2013 September 2014**

Country	Target				Doctors				Nurses				Other				Total			
	Doctors	Nurses	Other	Total	Female (N)	Male (N)	Total Doctors	Achieved	Female (N)	Male (N)	Total Nurses	Achieved	Female (N)	Male (N)	Total Other	Achieved	Female	Male	Grand Total	Achieved %
Belize	65	70	0	135	5	4	9	14%	36	3	39	56%	13	13	26	260%	54	20	74	55%
Costa Rica	105	120	0	225	4	4	8	8%	106	33	139	116%	52	34	86	860%	162	71	233	104%
El Salvador	160	90	0	250	15	15	30	19%	93	3	96	107%	11	14	25	250%	119	32	151	60%
Guatemala	80	55	0	135	7	8	15	19%	25	2	27	49%	22	22	44	440%	54	32	86	64%
Panama	200	100	0	300	23	11	34	17%	115	6	121	121%	37	25	62	620%	175	42	217	72%
Total	610	435	0	1045	54	42	96	16%	375	47	422	97%	135	108	243	2430%	564	197	761	73%

Source: USAID| Central America Capacity Project M&E Unit

765 hospital workers entered into training in epidemiological surveillance/biosafety of which of which 99% (761 of 765) met minimum project requirements of 16 hours of training, with pre-test, post-test and a skills test with a score of more than 80% to be certified as competent in epidemiological surveillance/biosafety. (See Table 3.5)

**Table 3.5 Percentage of hospital workers who successfully completed training in epidemiological surveillance / biosafety, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Annual Target
3.1.6	% of trainees who achieved the minimum required competencies	75%	99% (734 of 738)		75%	99% (761 of 765)

Source: USAID| Central America Capacity Project M&E Unit

The members of the health committees trained in LFP were responsible for carrying out the trainings to close performance gaps in surveillance and biosafety. Participating in the trainings were clinical and nonclinical personnel. The trainings focused on: universal norms of biosafety; hand washing; use of protective equipment; and decontamination and sterilization techniques.

With the exception of Costa Rica, all of the countries were slightly below the training target for this period with the balance being added to the target for the next Project year. Moreover, alerts for Dengue and Chikungunya and the electoral processes with changes in government authorities affected achievement of the target.

For the coming year the Project plans to validate the competency-based training manual on IAAS surveillance in each country.

#### **Next steps:**

- Revision and updating of IAAS surveillance protocols in pending countries.
- Revision and validation of IAAS training curricula in each country.
- Accompaniment of nosocomial committees to follow up on application of acquired technical competencies
- Trainings in bio safety
- Document IAAS success stories to systematize the processes
- Accompany the revision of the IAAS implementation process in Belize and El Salvador.

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#### **4. STRENGTHEN THE MINISTRIES OF HEALTH OF THE REGION IN HUMAN RESOURCE MANAGEMENT AND THE USE OF HUMAN RESOURCES INFORMATION SYSTEMS (HRIS)**

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*Development of the information system and appropriate use of technology for the implementation of distance training modules, conferences related to issues of comprehensive HIV care and treatment, and dissemination of current information. At the end of the project, each country will have the basis for the implementation of an information system and training.*

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- **TRANSFER CAPACITY FOR IHRIS PROGRAMMING AND SUPPORT TO THE LOCAL COUNTERPART, INCLUDING THE TRAINING, STRENGTHENING OF IT PERSONNEL, AND INVOLVING THEM IN REGIONAL AND GLOBAL IHRIS DEVELOPER NETWORKS**
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This component only applies to Guatemala and covers one of the PEPFAR indicators. The Project provides TA to the Directorate General for Human Resources of the MOH for the implementation of the HRIS as approved in Ministerial Decree 469-2014, as the unique human resources for health information management in Guatemala.

The process has encountered numerous obstacles along the way due to multiple changes in MOH functionaries. As a result, project personnel together with the technical counterpart had to make repeated presentations on the use and functions of the HRIS. There is now recognition that the system is a very useful tool for strengthening human resources management (HRM) serving as the foundation for information-based decision making, transparency in contracting personnel, and improving services provided by the MOH through adequate and appropriate distribution and management of HRH. The MOH currently uses the information for managing contracting procedures and decision making for the equitable distribution of personnel.

The Directorate General of Human Resources of the MOH developed modules for contracts and IST achieving 100% (2 of 2) of the target for the reporting period. Furthermore, the project initiated contact with the Guatemala MOH Department of Training (DECAP) to define the modifications necessary to cover the MOH's needs for training of health personnel. (See Table No. 4.3).

The Project trained 100% (10 of 10) of the target of the Directorate of Human Resources Personnel in the use and application of the HRIS. (See Table 4.1). These personnel then replicated the trainings for the implementation units in the departments. (See Table 4.2) To date 100% (83 of 83) of the target number of MOH implementation units have personnel trained in the HRIS. (See Table 4.2)

**Table 4.1 Number of Guatemala MOH HR department employees trained in use and development of IRHIS, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% annual of Target
4.1.3	# of health workers who successfully completed in-service training in human resources database use (central level)	0	4		10	10	100% (10 of 10)
	Guatemala	0	4		10	10	100% (10 of 10)
	Male	0	4		8	10	125% (10 of 8)
	Female	0	0		2	0	0%

Source: USAID| Central America Capacity Project M&E Unit

**Table 4.2 Percentage of executing Guatemala MoH units that have staff trained in the use of iRHIS, October 2013 - September 2014**

#	INDICATOR	Quarter Target	Actual	Annual Target	% of Annual Target
4.1.5	% of executing units that have trained personnel for the use of Human Resources Modules	24% (20 of 83)	100% (83 of 83)	100% (83 of 83)	100% (83 of 83)

Source: USAID| Central America Capacity Project M&E Unit

### Next steps:

- Train DECAP personnel in the use of the training module
- Implement the training module in the 8 health regions
- Develop a "use case" for all MOH personnel actions
- Meetings with HR to agree upon the use cases
- Develop module for personnel actions

## 5. SYSTEMATIZATION AND EXPANSION IN UPDATING THE CURRICULUM IN UNIVERSITIES AND NURSING SCHOOLS

### ➤ UPDATED HIV CURRICULA IN UNIVERSITIES AND NURSING SCHOOLS AS PART OF CURRICULUM STANDARDIZATION

The Project continued coordination with different higher learning institutions to update their HIV curricula, particularly those of the medical schools. Monitoring and feedback on implementation visits were made to those that already had updated curricula. At the moment, 54% (15 of 28) of higher learning institutions apply updated HIV curricula; this is equivalent to 100% of the annual target set for this fiscal year. The total is disaggregated as such: 100% (1 of 1) in Belize; 88% (7 of 8) in Costa Rica; 50% (2 of 4) in El Salvador; 33% (3 of 9) in Guatemala; and 33% (2 of 6) in Panama. (See Table 5.1)

**Table 5.1 Percentage of higher education institutions implementing updated HIV curricula, October 2013 - September 2014**

#	INDICATOR	Quarter Target	Actual	Annual Target	% of Annual Target
5.1.1	% of universities and nursing schools who implemented an updated HIV curriculum	54% (15 of 28)	54% (15 of 28)	54% (15 of 28)	54% (15 of 28)
	Belize	100% (1 of 1)	100% (1 of 1)	100% (1 of 1)	100% (1 of 1)

	Costa Rica	88% (7 of 8)	88% (7 of 8)		88% (7 of 8)	88% (7 of 8)
	El Salvador	50% (2 of 4)	50% (2 of 4)		50% (2 of 4)	50% (2 of 4)
	Guatemala	33% (3 of 9)	33% (3 of 9)		33% (3 of 9)	33% (3 of 9)
	Panama	33% (2 of 6)	33% (2 of 6)		33% (2 of 6)	33% (2 of 6)

Source: USAID| Central America Capacity Project M&E Unit

Higher learning institutions receiving Project support were: Belize , University of Belize; Costa Rica, the nursing schools of the Costa Rica, Latin, Iberoamericano, Hispanoamericana, Central America Adventist, Santa Lucia, and Sciences and Arts universities; El Salvador, El Salvador Nursing School and Matias Delgado University; Guatemala, the National Nursing Schools (Guatemala City Huehuetenango and Quetzaltenango); and Panama, Panama and Latin Universities.

Guatemala, El Salvador and Panama incorporated new universities into the Project and worked to develop the curricula for the El Salvador School of Medicine and Latin University. These competency-based curricula strengthening were in the areas of: Overview of HIV, Stigma and Discrimination, Biosafety, PEP, and adherence to ART. Implementation will commence the following year.

The Nursing Department of Panama University initiated a standardization process for the other nursing schools with an HIV curriculum (Escuela of Enfermeria of la Universidad of Panamá, Latina, Especializada of las Américas, Universidad Latinoamericana of Ciencia y Tecnología y Universidad Autónoma of Chiriquí).

The San Carlos University (USAC) in Guatemala proposed the development of a pre-graduate elective course covering STI/HIV, stigma and discrimination, the HIV legal framework, national protocols and biosafety as a preparatory course to strengthen the HIV curricular content and the study program.

During the coming year, the Project will support the universities/training schools and hospitals to develop competency-based courses for students in clinical practice. The idea is to provide the students with tools in: biosafety and PEP to resolve the lack of knowledge and skills in these areas that affect IAAS.

The Project achieved 89% (182 of 205) of the target of university faculty trained in LFP for updating HIV curricula. Of the faculty trained, 14% (25 of 182) are male and 86% (157 of 182) female. (See Table 5.2).

**Table 5.2 Number university teachers who successfully completed LFP training, curricula transfer or updated HIV curricula, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
5.1.2	# University teachers who successfully completed the training program; 1) Learning for Performance, 2) Content transfer and curricular methodology and 3) HIV subject update	82	71		205	182	89% (182 of 205)
	Males	24	13		57	25	44% (25 of 57)
	Females	58	58		148	157	106% (157 of 148)
	<b>Belize</b>	10	0		12	12	100% (12 of 12)
	Males	5	0		6	3	50% (3 of 6)
	Females	5	0		6	9	150% (9 of 6)
	<b>Costa Rica</b>	16	0		22	19	86% (19 of 22)
	Males	9	0		10	2	20% (2 of 10)
	Females	7	0		12	17	142% (17 of 12)
	<b>El Salvador</b>	10	26		29	35	121% (35 of 29)
	Males	2	4		4	4	100% (4 of 4)
	Females	8	22		25	31	124% (31 of 25)
	<b>Guatemala</b>	21	28		98	85	87% (85 of 98)
	Males	5	4		32	9	28% (9 of 32)
	Females	16	24		66	76	115% (76 of 66)
	<b>Panama</b>	25	17		44	31	70% (31 of 44)
	Males	3	5		5	7	140% (7 of 5)
	Females	22	12		39	24	62% (24 of 39)

Source: USAID| Central America Capacity Project M&E Unit

Of the faculty that entered into training, 98% (182 of 185) met minimum project requirements of 16 hours of training, with pre-test, post-test and a skills test with a score of more than 80% to be certified as competent. (See Table 5.3).

**Table 5.3 Percentage of university teachers who achieved the minimum competencies required for certification, from October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Annual Target
5.1.3	% of trainees who achieved the minimum required competencies	75%	100% (71 of 71)		75%	98% (182 of 185)

Source: USAID| Central America Capacity Project M&E Unit

### Next steps:

- Negotiate with the new universities to implement the update HIV curricula in en Guatemala, El Salvador and Panama
- Follow up on curricular implementation in all countries
- Train faculty in updating HIV curricula
- Negotiate with the central level of the universities and training schools to incorporate a curriculum on biosafety and PEP into clinical practice

### User satisfaction

During the past year the project established the basis for evaluating the impact of the CoC approach. All CoC actions are directed in improving the quantity and quality of life of PLWHA through: improved performance and quality of services; adherence to ART; the CCR; and a better prepared health workforce to provide stigma and discrimination free care to PLWHA and other key populations such as MSM, the sexual diversity and transgender women.

The project provides TA to hospitals to identify the perception of the users of the comprehensive care for HIV/ART clinics of the service they receive through application of the Client Oriented Provider Efficient (COPE) methodology based on the rights of the user with a focus on quality. Data from 12 hospitals in Guatemala with 174 people with HIV interview and 17 hospitals in Panama with 340 people with HIV interview, during the past year showed a perception of satisfaction level of 96% and 89% respectively. In the other countries we are coordinating with the MOH/SSI in the data collection. The data confirms that in the hospitals that implement OPQ, the HIV clinics are providing a stigma and discrimination free care to PLWHA. In general the interviewees mentioned being cordially and punctually treated, and that they received their medicines. Items that detracted from a score of 100% satisfaction had to do with a poor or deteriorated physical infrastructure in the waiting rooms and clinics. The strategic information is use in the intervention plans of

each hospital, to maintain, this high quality perception from people living with HIV their clinics. (See Table 6.1).

**Table 6.1 Percentage of PLWHA who reported care free from stigma and discrimination, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Annual Target
6.2	% of PLWHA who reported care free of stigma and discrimination by HIV service providers who belong to a multisector network	65%	93%		65%	93%
	Belize	65%	ND		65%	ND
	Costa Rica	65%	ND		65%	ND
	El Salvador	65%	ND		65%	ND
	Guatemala	65%	96%		65%	96%
	Panama	65%	89%		65%	89%

Source: USAID| Central America Capacity Project M&E Unit

### ➤ PEPFAR Indicators

New PEPFAR indicators were incorporated into various project components during the past year.

The project achieved 108% (292 of 270) of the target of multisector network members that completed interventions related to gender norms. These interventions were based on the use of the project gender guide that takes into consideration the multiple gender roles and needs of PLWHA and other key populations including MSM, the sexual diversity, and transgender women. The situational analysis provided by the guide and network member trainings provided the basis for understanding; and decision making and the development of work plans to improve the social environment and quality of services for these populations.

Outputs by country were: 99% (69 of 70) in Belize; 107% (32 of 30) in Costa Rica; 190% (76 of 40) in El Salvador; 99% (89 of 90) in Guatemala; and 65% (26 of 40) in Panama. Activities to make up the deficit in Panama have been scheduled for the coming quarter. El Salvador achieved 190% of the target due to recognition of the importance and relevance of the topic for the control and prevention of HIV by network members. (See Table 7.1).

**Table 7.1 Number of people completing a gender norms intervention, October 2013 to September 2014**

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of annual Target
GEND_NORM	Number of people completing an intervention pertaining to gender norms, that meets minimum criteria	270	292		270	292	108% (292 of 270)
	Belize	70	69		70	69	99% (69 of 70)
	Costa Rica	30	32		30	32	107% (32 of 30)
	El Salvador	40	76		40	76	190% (76 of 40)
	Guatemala	90	89		90	89	99% (89 of 90)
	Panama	40	26		40	26	65% (26 of 40)

Source: USAID| Central America Capacity Project M&E Unit

## ADMINISTRATIVE REPORT

### ➤ EMPLOYEE AND CONSULTANT CONTRACTS

A number of recruitment and contracting processes occurred during FY2014 due to resignations, terminations, internal promotions and structural assessment and revision. Because of this, the project currently has a robust structure to provide technical, administrative, and financial and human resources assistance to country offices within the region.

A senior technical position was added to the Technical Unit at the Regional Office. The purpose of the Quality Management Officer position is to support the MOH in implementing the Quality Management System.

Two Field Coordinators, one in El Salvador and one in Panama, were added to the project staff to respond to implementation needs. In Costa Rica, after assessing the implementation level and reviewing the planned activities, a decision was made to restructure country office staffing and the Field Coordinator position was eliminated.

Due to project activities being reprogrammed over the current fiscal year the need to hire consultants arose. A number of consultants were contracted on a needed-temporary basis

to support activities in OPQ, CCR and LFP in Belize, Costa Rica, El Salvador, Guatemala and Panama.

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➤ OTHER RELEVANT ACTIVITIES

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Two regional meetings were held during FY2014. One in December 2013 to identify challenges and gaps during project implementation, assess accomplishments, and plan the FY2014 implementation activities. The second regional meeting was held at the end of the fiscal year, attended by Country Representatives and Regional Office staff, to review the FY2014 implementation activities and plan the FY2015 activities.

As approved in the FY2014 budget the air-conditioned was installed in the Regional Office and the office remodeling was completed within the Finance Administration and HR area to create a better working environment for all employees.

Outsource (an outsourcing company) was hired to manage payroll in El Salvador and Panama. IntraHealth currently complies with all labor regulations in all country offices.